

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS				463	
1. County	Yuma			State Index - - No.	
District				County Registrar's No.	14
Town or City	Yuma			Local Registrar's - No.	3
2. FULL NAME				St. Ward	
Raymon Coriello				(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No.				St. Ward	
(Usual place of abode)				(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred yrs. mos. ds.				How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)			
male	Mexican	single			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
12-29-22					
6. DATE OF BIRTH (month, day and year)					
7. AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.	
			12		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) (State or country)					
Yuma Arizona					
10. NAME OF FATHER					
Eligio Coriello					
11. BIRTHPLACE OF FATHER (city or town) (State or country)					
New Mexico					
12. MAIDEN NAME OF MOTHER					
Vicenta Moreno					
13. BIRTHPLACE OF MOTHER (city or town) (State or country)					
Tucson Arizona					
14. Informant (Address)					
O. J. Johnson					
15. Filed Jan 12, 1923					
V. S. No. 7-9 D. C. E. Roaney Registrar					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year)					
1-11-23					
17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1923 to Jan 10, 1923 that I last saw him alive on Jan 10, 1923 and that death occurred, on the date stated above, at 11:40 P. M. The CAUSE OF DEATH* was as follows: Malnutrition					
(duration) yrs. mos. ds.					
CONTRIBUTORY Premature Birth (Secondary) (duration) yrs. mos. ds.					
18. Where was disease contracted if not at place of death?					
Did an operation precede death? No Date of					
Was there an autopsy? no					
What test confirmed diagnosis? none					
(Signed) H. Kitchner, M. D.					
19 (Address) Yuma Ariz					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL				DATE OF BURIAL	
Yuma Cemetery				1-12-23	
20. UNDERTAKER				ADDRESS	
O. J. Johnson				Yuma Ariz	